

State of Tennessee
Department of Health
Tennessee Board of Chiropractic Examiners
665 Mainstream Drive
Nashville, TN 37243

(Toll Free In State) 1-800-778-4123
Local Nashville Area 615-741-3807
tn.gov/health



Application and Procedures for Licensure
Chiropractors



Tennessee Board of Chiropractic Examiners
665 Mainstream Drive
Nashville, TN 37243
615-741-3807

INSTRUCTIONS FOR LICENSURE AS A CHIROPRACTOR

The following items must be submitted to the Board office no later than forty-five (45) days prior to the next Board meeting.

1. Completed and notarized application.
2. Application fee of Three Hundred Fifty Dollars (\$350.00) and State Regulatory fee of Ten Dollars (\$10.00) for a TOTAL of Three Hundred Sixty Dollars (\$360.00).
3. A signed passport type photograph taken within the preceding twelve (12) months.
4. All applicants must complete the attached Declaration of Citizenship form.
5. Official transcript sent directly to the Board office from the school of Chiropractic, which has status with the Commission on Accreditation of the Council on Chiropractic Education (CCE). Transcripts of grades must show four (4) school years of not less than 9 months each.
6. A copy of your Chiropractic college diploma. If a diploma has not been awarded, a certified statement from the Chiropractic College must be submitted stating date of graduation and a diploma will be awarded on or before the scheduled examination.
7. An official transcript of grades showing two (2) full academic years of college or university work of at least sixty (60) semester hours or its equivalent from an accredited institution. If you matriculated in Chiropractic school in the year 2000 and beyond you must show proof of a bachelors degree.
8. Verification of Completion of the National Chiropractic Board Examination with a minimum grade of Three Hundred Seventy-Five (375) on Parts I, II, III, IV, and Physiotherapy. Verification must be submitted directly from the National Board to the Tennessee Board's office.
9. Letter of Recommendation. One (1) recent (within the preceding twelve (12) months) original letter from a licensed chiropractic physician attesting to the applicant's personal character and professional ethics on the signator's letterhead.
10. Verification of licensure - Complete the top portion of the VERIFICATION OF LICENSURE form and send it to all states in which you hold a current license or have ever held a license. This form should be photocopied prior to signing if it must be submitted to more than one (1) state.
11. A Completed Mandatory Practitioner Profile.
12. All Applicants must complete a criminal background check. **For instructions on how to obtain a criminal background check, [click here](#).**

INSTRUCTIONS FOR LICENSURE BY RECIPROCITY

Licensure by Reciprocity is available to applicants who have held a valid license in another state for two (2) years (24 months).

Applicants by Reciprocity must pass the Special Purpose Exam (SPEC) by the National Board of Chiropractic Examiners with a minimum score of Three Hundred Seventy Five (375).

The following items must be submitted to the Board office no later than forty-five (45) days prior to the Board meeting.

1. Completed and notarized application.
2. Reciprocity Application fee of Three Hundred Fifty Dollars (\$350.00) and State Regulatory fee of Ten Dollars (\$10.00) for a **TOTAL** of Three Hundred Sixty Dollars (\$360.00).
3. A signed passport type photograph taken within the preceding twelve (12) months.
4. Official transcript sent directly to the Board office from the school of Chiropractic, which has status with the Commission on Accreditation of the Council on Chiropractic Education (CCE). Transcripts of grades must show four (4) school years of not less than nine (9) months each.
5. A copy of your Chiropractic college diploma.
6. Letter of Recommendation. One (1) recent (within the preceding twelve (12) months) original letter from a licensed chiropractic physician attesting to the applicant's personal character and professional ethics on the signator's letterhead.
7. Verification of licensure - Complete the top portion of the VERIFICATION OF LICENSURE form and send it to all states in which you hold a current license or have ever held a license. This form should be photocopied prior to signing if it must be submitted to more than one (1) state.
8. A Completed Mandatory Practitioner Profile.
9. All Applicants must complete a criminal background check. **For instructions on how to obtain a criminal background check, [\(click here\)](#).**

A completed file is one which contains ALL the required documents.

INSTRUCTIONS FOR ACUPUNCTURE SERVICES

1. Proof of certification of the required 250 hours from your education institution.
2. Passing score certificate from the National Board examination for acupuncture given by NBCE.

Important: You must have a notification of licensure in your possession before you may legally practice as a chiropractor in Tennessee.

ATTACH
PHOTO HERE



Examination:		
Application	1108)002	\$ 350.00
State Reg	1108)006	\$ 10.00
		\$ 360.00
Reciprocity:		
Application	1108)002	\$ 350.00
State Reg	1108)006	\$ 10.00
		\$ 360.00

For Office Use Only

Tennessee Board of Chiropractic Examiners
665 Mainstream Drive
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APPLICATION FOR LICENSURE

PLEASE CHECK ONE: ☐ Examination ☐ Reciprocity

FULL NAME: _____
(Last) (First) (Middle) (Maiden)

MAILING ADDRESS: _____
(Street and Number)

(City) (State) (Zip) (TN-County)

PHONE NUMBER: Home (_____) _____ Work (_____) _____

PLACE OF BIRTH: _____ DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____g

You must put your social security number on this form for the application to be complete. State and federal law require social security numbers on this application. Tenn Code. Ann. §36-5-1301(a), as authorized by 42 U.S.C. § 405(c)(2)(C)(i). The number will be used to verify your identity, to ask questions about your financial responsibility, and for any other purpose allowed by state or federal law. When you provide your social security number on this application and sign the form, you are agreeing that Department of Health may use your social security number in furtherance of federal and state law, for example, to collect delinquent fees.

U.S. CITIZEN: Yes _____ No _____

All applicants must complete the attached Declaration of Citizenship form

SEX: Female ____ Male ____ (Optional for Statistical Purposes Only)

PRACTICE ADDRESS IN TENNESSEE: _____

E-MAIL ADDRESS _____

Do you wish to receive notification, including renewal notification, from the Department of Health via email?
____ Yes ____ No

EDUCATION

	<u>Name of School</u>	<u>Dates Attended</u>	<u>Date Graduated</u>	<u>Diploma Degree</u>	<u>Major</u>
College(s):	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
Professional School(s):	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
Other Educational Training:	_____				

NATIONAL EXAMINATION

Have you taken and passed:

Part I	Yes	_____	No	_____
Part II	Yes	_____	No	_____
Part III	Yes	_____	No	_____
Part IV	Yes	_____	No	_____
Physiotherapy	Yes	_____	No	_____
SPEC	Yes	_____	No	_____
Acupuncture Examination	Yes	_____	No	_____

STATE LICENSURE

List below all states, countries, or provinces in which you have ever been or currently are licensed in any health care profession. Submit a copy of the Verification of Licensure form to all such states, countries, or provinces regarding such licensure. Use the back of this page if you need additional space.

STATE	LICENSE NUMBER	DATE ISSUED	CURRENT STATUS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

COMPETENCY INFORMATION

PLEASE ANSWER THE FOLLOWING QUESTIONS. If any answers to the questions in this part are in the **affirmative**, attach an explanation on a separate sheet. **In support of your explanation, the final documents or orders from the issuing states, courts, or agencies must be submitted along with this application.**

For the purposes of these questions, the following phrases or words have the following meanings:

1. **"Ability to practice your profession"** is to be construed to include all of the following:
 - a. The cognitive capacity to exercise reasoned professional judgments and to learn and keep abreast of developments in your profession;
 - b. The ability to communicate those judgments and information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
 - c. The physical capability to perform tasks and procedures required of your profession, with or without the use of aids or devices, such as corrective lenses or hearing aids.
2. **"Medical Condition"** includes physiological, mental or psychological conditions or disorders, such as, but not limited to; orthopedic, visual, speech and/or hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.
3. **"Chemical substances"** is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.
4. **"Currently"** does not mean on the day of or even in the weeks or months preceding the completion of this application. Rather it means recently enough so that the use of drugs or alcohol may have an ongoing impact on one's functioning as a licensee or within the past two (2) years.
5. **"Illegal use of controlled substances"** means the use of controlled substances obtained illegally (e.g. heroin or cocaine) as well as the use of controlled substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

QUESTIONS:

YES

NO

- | | | |
|---|-------|-------|
| 1. Do you currently have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? | _____ | _____ |
| a. If yes, are they reduced or ameliorated because you receive ongoing treatment (with or without medication) or participate in a monitoring program? | _____ | _____ |
| b. If you have any limitations or impairments caused by an existing medical condition, are they reduced or ameliorated because of the field of practice, the setting, or the manner in which you have chosen to practice? | _____ | _____ |

[If you receive such ongoing treatment or participate in such a monitoring program, the Board will make an individual assessment of the nature, the severity, and the duration of the risks associated with an ongoing medical condition so as to determine whether an unrestricted license should be issued, whether conditions should be imposed, or whether you are not eligible for licensure.]

COMPETENCY INFORMATION CONTINUED

QUESTIONS:

YES

NO

2. Do you currently use chemical substances?

If yes, do they in any way impair or limit your ability to practice your profession with reasonable skill and safety?

3. Are you currently engaged in the illegal use of controlled substances?

If yes, are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you in order to assure that you are not engaged in the illegal use of controlled substances?

4. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, or voyeurism?

5. If you have ever held or applied for a license or certificate to practice Chiropractic in any state, country, or province, has it been or was it ever denied, reprimanded, suspended, restricted, revoked, otherwise disciplined, curtailed, voluntarily surrendered under threat of investigation, or disciplinary action?

6. If you have ever had staff privileges at any hospital or health care facility have they ever been revoked, suspended, curtailed, restricted, limited, otherwise disciplined, voluntarily surrendered under threat, or restriction or disciplinary action?

7. Have you ever been convicted of a felony or a misdemeanor other than a minor traffic violation?

8. In relation to the performance of your professional services in any profession:

a. Have you ever had a final judgment rendered against you;

b. Have you ever had settlement of any legal action rendered against you; or

c. Are there any legal actions pending against you or to which you are a party?

9. If you have ever held a license or certificate in any health care profession, has it ever been reprimanded, suspended, restricted, revoked, otherwise disciplined, curtailed, voluntarily surrendered under threat of investigation, or disciplinary action?

APPLICANT: FILL OUT THE FOLLOWING AFFIDAVIT IN THE PRESENCE OF A NOTARY PUBLIC

AFFIDAVIT AND RELEASE

I, _____, of _____
(Applicant's Name) (City) (State)

being duly sworn and identified as the person referred to in this application, attests to the truth of each statement made in said application. I further swear that I have read and understand the law and the rules and regulations, which were enclosed in the application packet, and agree to abide by them in the practice of my profession in the State of Tennessee.

I HEREBY:

SIGNIFY my willingness to appear to answer such questions as the Board may find necessary, which may include an interview.

RELEASE to the Board, its staff, and their representatives, any and all documentation necessary now and in the future to establish my physical and mental capabilities to safely practice my profession.

AUTHORIZE the Board, its staff, and their representatives to consult with my prior and current associates and others who may have information bearing on my professional competence, character, health status, ethical qualifications, ability to work cooperatively with others, and any other qualifications;

RELEASE from liability the Board, its staff, and all their representatives and any and all organizations which provide information for their acts performed and statements made in good faith and without malice concerning my competence, ethics, character, and other qualifications for licensure.

ACKNOWLEDGE that I, as an applicant for licensure, have the burden of producing adequate information for a proper evaluation of my professional, ethical, other qualifications, and for resolving any doubts about such qualifications.

THIS CERTIFIES THAT THE INFORMATION SUBMITTED BY ME IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I HEREBY AUTHORIZE RELEASE, USE OF DISCLOSURE OF OTHERWISE HIPAA PROTECTED HEALTH INFORMATION TO THE LIMITED EXTENT NECESSARY FOR MY APPLICATION TO RECEIVE FULL CONSIDERATION UP TO AND INCLUDING DISCUSSION IN A PUBLIC FORUM SHOULD THAT BECOME NECESSARY.

SIGNATURE

DATE

Sworn to before me this _____ day of _____, _____.

NOTARY PUBLIC

Affix Seal Here

My Commission expires _____



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CLEARANCE FROM OTHER STATE LICENSURE BOARDS

APPLICANT: Please provide the information requested in the top box and then mail one (1) form to the licensure board in each state where you hold or have ever held a license to practice any profession. (Copies of this form can be used.) **NOTE:** Some states require a fee for providing clearance information. To expedite your application, you may wish to contact the applicable state(s).

To Be Completed By Applicant (Please Print In Ink)

I, the undersigned applicant, was granted a license/certificate to practice _____
(Profession)

with **(check one)** License ☐ / Certificate ☐ / Registry ☐ number _____ on _____
(Date)

in the State of _____. The Tennessee Board of Chiropractic Examiners requests that I submit evidence of the current status of that license/certification in your state. You are hereby authorized to release any information in your files, favorable or otherwise, directly to the Tennessee Board of Chiropractic Examiners.

Applicant's Signature

Date: _____

Applicant's typed or printed name

To Be Completed By Administrative Office of State Licensure Board

Name In Full As It Appears On License/Certificate or Permit.

(First)

(M.I.)

(Last)

License/Certificate/Permit Number: _____

Profession: _____

Date Issued: _____

Basis of issuance: _____ Endorsement/Reciprocity State of: _____
(Check One)

_____ Name of Written Examination: _____

The License is currently active and registered? _____ Yes _____ No

Is there any derogatory information on file? _____ Yes _____ No

Authorized Signature

Title

Date

State Board: Please return this form to:

Tennessee Board of Chiropractic Examiners
665 Mainstream Drive
Nashville, Tennessee 37243



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
665 MAINSTREAM DRIVE
NASHVILLE, TN 37243

DECLARATION OF CITIZENSHIP
MUST ACCOMPANY ALL APPLICATIONS FOR INITIAL LICENSURE OR REINSTATEMENT OF LICENSURE

The "SAVE Act" requires Tennessee Department of Health (including all Boards, Commissions, and contractors), along with every local health department in the State, to verify that *every adult* applicant for a professional license is either a U.S. citizen, a "qualified alien," or a nonimmigrant who meets the requirements set out at 8 U.S.C. 1621.

I am a(n) _____
Healthcare Profession (Please Print) License number if applicable

Please Print Legibly

1. Name: _____
Last First Middle Maiden_
2. Mailing Address: _____
3. Phone Number: Home: (____)____-____ Office: (____)____-____ Fax: (____)____-____
4. I am a United States Citizen: ____Yes ____No
5. I am a foreign national not physically present in the United States ____Yes ____No. If you answered yes, to this question please sign this form in the presence of a notary and return it with your application. No further documentation is required.
6. Applicants Claiming United States Citizenship **MUST** provide one of the following:
 - a) Tennessee Driver's License, or photo ID issued by Department of Safety.
 - b) A valid driver license or ID issued by another state, provided its issuance requirements meet Department of Safety criteria.
 - c) An official birth certificate issued by a U.S. state, territory, or other jurisdiction. Puerto Rican birth certificates issued before July 1, 2010 do not count.
 - d) A federally issued birth certificate.
 - e) A valid, unexpired U.S. passport.
 - f) A report of birth abroad of a U.S. citizen.
 - g) A certificate of citizenship.
 - h) A certificate of naturalization.
 - i) A U.S. citizen ID card.
 - j) Any successor document to #'s a-i above.
 - k) SSN that the entity or local health department may verify with the Social Security Administration in accordance with federal law.
7. If you checked "No" in question 4 please indicate from the list below which category applies to you: (circle one)
 - a) Permanent Residents
 - b) A nonimmigrant applicant for a professional or commercial license whose visa for entry into the United States is related to such employment, or a nonimmigrant under the Immigration and Nationality Act (8 U.S.C. 1101 *et seq.*).

- c) Asylees who meet the qualifications set out in 8 U.S.C. 1158
- d) Refugees who meet the qualifications set out in 8 U.S.C. 1157
- e) Persons who have been "paroled into the United States," under 8 U.S.C. 1182(d)(5) or whose deportation has been withheld under 8 U.S.C. 1253.
- f) Cuban or Haitian entrants as defined by section 501(e) of the Refugee Education Assistance Act of 1980
- g) Persons granted conditional entry into the U.S. under 8 U.S.C. 1153(a)(7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity.
- h) An alien who has been "battered" or subjected to "extreme cruelty" by a parent or spouse as defined by 8 U.S.C. 1641(c), and also meets the qualifications set out 8 U.S.C. 1641(c)(1)(B). Under the circumstances set out in 8 U.S.C. 1641(c)(2) and (3), victims' children, or the parents of children who are victims, may also apply for benefits as qualified aliens.

Applicants claiming **qualified alien status** (question 7 above), please submit two of the following forms of "documentation of identity and immigration status" as determined by U.S. Homeland Security to be acceptable for verification through the SAVE program. Common types of documents used to verify immigration status are listed below. (Note: If you can provide only one document, your status will be verified through the U.S. Department of Homeland Security's SAVE program):

I-327 (Reentry Permit)

I-551 (Permanent Resident Card or "Green Card")

I-571 (Refugee Travel Document)

I-766 (Employment Authorization Card)

Machine Readable Immigrant Visa (with Temporary I-551 language)

Temporary I-551 stamp (on passport or I-94)

I-94 (Arrival/Departure record)

Unexpired foreign passport

WT/WB Admission Stamp in unexpired foreign passport

I-20 (Certificate of Eligibility for Nonimmigrant F(1) student status-- "student visa")

DS2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status)

I affirm under the penalty of perjury that the above is true and correct.

Signed this ____ day of _____, 20__.

Signature

Sworn to before me this ____ day of _____, 20__.

NOTARY PUBLIC

AFFIX SEAL HERE

My Commission Expires: _____

If an applicant is discovered to be an unqualified alien, or otherwise ineligible for benefits under the Act, all recurring benefits provided to that applicant must be immediately terminated. Anyone who purposefully makes a false, fictitious, or fraudulent claim of U.S. citizenship or qualified alien status will be liable under the Tennessee Medicaid False Claims Act, or Tennessee's False Claims Act. Any person who conspires to defraud the state or any local health department by securing a false claim allowed or paid to another person in violation of the Act may be liable under Tennessee's False Claims Act. Upon discovery of an applicant's false, fictitious, or fraudulent claim of U.S. citizenship, state governmental entities and local health departments must also file a criminal complaint with the United States Attorney.